

PTO/SB/30 (09-06)'
Approved for use through 03/31/2007. OMB 0651-0031
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Request	Application Number	√10/644,044-Conf. #5084 (
for Continued Examination (RCE)	Filing Date	August 20, 2003
Transmittal	First Named Inventor	Hideo MIYAZAKI
Address to: MS RCE	Art Unit	1753
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Examiner Name	A. S. Phasge
Alcadidia, VA 22010-1400	Attorney Docket Number	
This is a Request for Continued Examination (RCE) unde Request for Continued Examination (RCE) practice under 37 CFR 8, 1995, or to any design application.		
Submission required under 37 CFR 1.114 Note: If amendments enclosed with the RCE will be entered in the applicant does not wish to have any previously filed unente amendment(s).	order in which they were filed un	less applicant instructs otherwise. If
a. Previously submitted. If a final Office action may be considered as a submission even if	this box is not checked.	
i. Consider the arguments in the Appeal Br ii. Other	ief or Reply Brief previously fi	led on
b. x Enclosed	· · · · · · · · · · · · · · · · · · ·	-
	i. X Information Disclosure	e Statement (IDS) .
ii. Affidavit(s)/Declaration(s) iv	v. Other	
2. Miscellaneous		
a. Suspension of action on the above-identified	d application is requested un	der 37 CFR 1.103(c) for a
period of months. (Period of su	spension shall not exceed 3 mor	nths; Fee under 37 CFR 1.17(i) required)
b. Other		
3. Fees The RCE fee under 37 CFR 1.17(e) is required	d by 37 CFR 1.114 when the R	₹CE is filed.
a. X The Director is hereby authorized to charge overpayments to Deposit Account No.	the following fees, any unde 02-2448 . I have enclo	rpayment of fees, or credit any sed a duplicate copy of this sheet.
i. X RCE fee required under 37 CFR 1.17(e))	•
ii. Extension of time fee (37 CFR 1.136 and	i 1.17)	
iii. Other	·	
b. X Check in the amount of \$ 790.0	00 enclosed	
c Payment by credit card (Form PTO-2038 end	lnead)	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

MSW/MTC/jmb

790.00 OP

01/08/2007 JADDD1 20090068 10644044

32,181

Registration No.

Signature

Name (Print/Type)

Marc S. Weiner

PTO/SB/17 (07-06)

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Officer the Paperwork Reduction Act of	1993, no person are required to		nauon uniess it displays a valid OMB control numbe		
Effective on 12/08/2004.		Complete if Known			
Fees pursuant to the Consolidated Appropri		Application Number	10/644,044-Conf. #5084		
FEE TRANSI	MITTAL	Filing Date	August 20, 2003		
For FY 20		First Named Inventor	Hideo MIYAZAKI		
FOI F 1 ZU	100	Examiner Name	A. S. Phasge		
Applicant claims small entity statu	us. See 37 CFR 1.27	Art Unit	1753		
TOTAL AMOUNT OF PAYMENT	PF PAYMENT (\$) 790.00 Attorney Do		0649-0908P		
METHOD OF PAYMENT (check	all that apply)				

TOTAL AMOUNT OF PAT	MEMI	(*) 790.00	At	tomey Docket	NO. O	043-0300F		
METHOD OF PAYMEN	T (check all ti	nat apply)				_		
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For the above-ident					d to: (check	all that apply)		
	indicated bel		nector is ne		•	cated below, e		filing foo
H					5 166(S) IIIUII	cated below, e.	xcept for the	ming lee
Charge any a fee(s) under	aditional fee(s 37 CFR 1.16 a		ments of	x Credit	any overpay	ments		
FEE CALCULATION								
1. BASIC FILING, SEARCH	I, AND EXAM	INATION FE	ES					
		G FEES		CH FEES	EXAMINA	ATION FEES		
Application Type		Small Entity	F== (f)	Small Entity	Fac (6)	Small Entity	F D-	1.4 (A)
Application Type Utility	Fee (\$) 300	<u>Fee (\$)</u> 150	<u>Fee (\$)</u> 500	<u>Fee (\$)</u> 250	Fee (\$) 200	Fee (\$)	Fees Pa	ia (\$)
*	200	100				100		
Design Plant	200	100	100 300	50 150	130 160	65		
Reissue						80		
	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES							<u>S</u> Fee (\$)	mall Entity Fee (\$)
Fee Description Each claim over 20 (includ	ing Reissues)						50	25
Each independent claim ov	- ,						200	100
Multiple dependent claims	(<i>g</i> ,					360	180
Total Claims Extra	Claims F	ee (\$)	Fee Paid	1 (\$)	Mul	tiple Depende	ent Claims	
- =	x				Fee	·	Fee Paid (\$)	
HP = highest number of total cla	ims paid for, if gr	eater than 20.						
Indep. Claims Extra	Claims F	ee (\$)	Fee Paid	1 (\$)				_
	×	• _						
HP = highest number of indepen	dent claims paid	for, if greater tha	n 3.					-
 APPLICATION SIZE FEE If the specification and dra listings under 37 CFR sheets or fraction there 	awings exceed 1.52(e)), the a	pplication siz	e fee due is	\$250 (\$125 f				
	ktra Sheets			ional 50 or frac	tion thereof	Fee (\$)	Fee Pa	id (\$)
- 100 =		/50	(ro	und up to a who	le number) x		=	
4. OTHER FEE(S)							Fees P	aid (\$)
Non-English Specificati	on, \$130 fee	(no small en	tity discoun	t)				
Other (e.g., late filing su	rcharge): <u>18</u>	01 Request	for continu	ed examinat	ion (RCE)	(see 37	790	.00
SUBMITTED BY		7 (

SUBMITTED BY	Ma	11 5					
Signature	mon	new	(Registration No. (Attorney/Agent)	32,181	Telephone	(703) 205-8000
Name (Print/Type)	Marc S. Weiner					Date	January 5, 2007